

Testimony before the Appropriations Committee
February 23, 2017

Department of Mental Health and Addiction Services (DMHAS) and Housing budget

Governor's H.B. 7027 AN ACT CONCERNING THE STATE BUDGET FOR THE BIENNIUM ENDING
JUNE THIRTIETH 2019, AND MAKING APPROPRIATIONS THEREFORE

Good afternoon Senators Osten and Formica, Representative Walker and members of the Appropriations Committee.

My name is Diane Frost. I live in Stamford, am a registered voter. I'm also active in the National Alliance on Mental Illness, in Connecticut (NAMI-CT). I want to tell to you about what my home means to me. I have lived in my apartment for twelve years. My modest apartment offers shelter from weather, safety, privacy, is decorated to my reserved personality and something else very important. When I have applied for work, I can identify my permanent address. I'm not in the unfortunate position of having to tell a prospective employer that my housing is not stable, thus I'm not a good candidate for permanent employment, per absenteeism.

I have never been homeless. I have never seen a person without a home as undeserved of one. I and that person are equal in potential. However, when the Sun comes up to a new day, homeless people throughout the state have nothing but public streets, soup kitchens and meager improvised quasi-shelter to lean on throughout their day.

By day's end they have not had the privilege to make regular work; safety in nourishment, formal education and in many cases no friendships to count on for basic needs. In my work, at *Bridges Healthcare, Young Adult Services*, I've seen dreams of community inclusion fall apart for lack of homes.

Thankfully, I'm in a good position. Even while living with two mental illnesses, I go to work every day to a fulfilling livelihood that I've maintained for over five years. In addition, I can medicinally manage my illnesses with a place in my kitchen to safely store my prescriptions. I can get a good night's sleep to be alert and function at my job. Also, I study, in my home, to achieve my dream of earning a master's of social work from *Fordham University*.

I'm among the fortunate, who don't have to wander and scrounge of where I'll sleep tonight and do unsafe things for a roof and a place to keep my things. I have seen people avoid the man or woman on the street so woefully obvious in lacking a stable home and with nowhere to go.

I really don't want to find that stability, which in these budgetary times, is going down the road of becoming a privilege. It's threatening to know that if I become unhealthy, and unable to find work regardless of completing my education, that I'll fall into homelessness myself.

I am aware that it might be that easy, for me or anyone else, to lose subsidized housing. Easy to lose such a basic requirement is why it's crucial to maintain a person in supportive housing with the investment of \$54 a day, \$19,500 per year per individual to avoid Emergency Department visits of \$2,152 at a time. Repeated ED visits do not address the underlying causes of chronic mental and physical health problems that worsen with homelessness. If I were to lose my health, my home, and decompensate per such vulnerability, I'm afraid my inpatient stay would be \$1,187 per day. Can anyone say that is an affordable reality? Today, we have the choice to say we know better.

I cannot ask you to look at my stability and ask me why we are not all alike in being able to provide for ourselves. Homeless is not a curable medical condition, or a character flaw. It is what happens when we do not allocate funding for supportive housing. Supportive housing does cost money, approximately \$19,500 a year, which is a lot less than not addressing homelessness.

At this moment, I'm scared for people who are unable to make a home for themselves without support. It's not a dismissible truth that without maintaining \$73.3 million in the DOH's yearly budget and \$23.3 million in the DMHAS budget for housing supports and services, too many people reliant on state housing subsidies and individualized housing services and supports, will have nowhere to go.

At the same time, we need to remember that for individuals who may not qualify for, or don't need the level of care that supportive housing offers, other interlinked services and supports, are crucially important to live a quality life in the community. These community based services

and supports include case management, peer supports, legal services, and access to affordable health care, advocacy and others.

Some of these crucial services are slated to be cut in the proposed budget, including legal services in the DMHAS budget (CT Legal Rights Project) – which threatens their ability to provide housing advocacy, Regional Mental Health Boards, mental health and substance use grants and employment services, young adult services and community based services.

I'm speaking to you on this unforgettable fact. All people need housing to be well, and to procure a living. Then they, like I, will be in the position to make greater contributions to society. You see, housing is not only where you go after a hospitalization, leaving a caregiver's home, or being pick off a list. It is health status, stability, economic viability and social inclusion. Please understand that housing is more than shelter, and a place to call one's own. A home, and the supports to maintain a home, is the potential for health stability, maintaining employment, and making a life worthy of living.

Thank you for this opportunity to share my experience and requests with you.

Sincerely, Diane Frost